

11/15/23, 3:02 PM

Division of Corporations

H23000395864 3

**L17000136128**

Florida Department of State  
Division of Corporations  
Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000395864 3))



H230003958643ABC7

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : I20210000107  
Phone : (813)284-4727  
Fax Number : (813)436-8460

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: notices@venerable.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SSQUARED TAMPA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 16 2023

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help

H23000395864 3

TO: Registration Section  
Division of Corporations  
SSQUARED TAMPA LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

JASON SAMPSON

\_\_\_\_\_  
Name of Person

Venerable Corporate and Trust Services, LLC

\_\_\_\_\_  
Firm/Company

301 West Platt Street, No. 657

\_\_\_\_\_  
Address

Tampa FL 33606

\_\_\_\_\_  
City/State and Zip Code

jsampson@venerable.law

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Sampson 813 284-4727  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H23000395864 3

H23000395864 3

# ARTICLES OF ORGANIZATION OF

SSSQUARED TAMPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/22/2017 and assigned  
Florida document number L17000136128

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 West Platt Street

No. 657

Tampa FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 West Platt Street

No. 657

Tampa FL 33606

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VENERABLE CORPORATE AND TRUST SERVICES,LLC

New Registered Office Address:

301 W PLATT ST NO. 657

*Enter Florida street address*

Tampa

Florida 33606

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Jason Sampson*

If Changing Registered Agent, Signature of New Registered Agent

H23000395864 3

H23000395864 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHLEMON, STEVEN M	1302 East 2nd Avenue	<input type="checkbox"/> Add
		STE 102	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33605	<input type="checkbox"/> Change
MBR	SKYWAY DEFENSE HOLDINGS, LLC	30 N Gould St Ste R	<input checked="" type="checkbox"/> Add
		Suite R	<input type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H23000395864 3

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated November 15, 2023

Jason Sampson  
Signature of a member or authorized representative of a member

JASON SAMPSON

---

Typed or printed name of Signee